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APPLICANTS

Yoshiharu Koda, Tokyo, JAPAN;

Kojiro Koda, Tokyo, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials MK				

ADDRESS

Richard C. Woodbridge, Esq.
 Synnestvedt Lechner & Woodbridge, LLP
 P.O. Box 592
 Princeton, NJ
 08542-0592

TITLE

Endoscopic auditory canal cleaning apparatus

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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